

U.S. DEPARTMENT OF TRANSPORTATION PERFORMANCE APPRAISAL FORM

This form shall be used for employees covered by the Performance Management and Recognition System (PMRS) (GM-13 through 15)-and General Schedule and Prevailing Rate employees covered by the Performance Management System (PMS). Please refer to your organization's implementing instructions if further guidance is required.

INSTRUCTIONS TO RATING OFFICIAL

1. Beginning of the Appraisal Period.

- a. List the most important job elements in Section F, "Performance Plan" (DOT Form 3430.7A (Rev. 12/86)). Use one side for each job element.
- b. Also establish the relative importance of each job element by indicating the appropriate weight (no critical job element may receive a weight of less than 10% and the weight for noncritical job elements must range from 1-5%).
- c. Describe performance standards for each element in accordance with your organization's implementing instructions.
- d. Attach the completed Performance Plan to the "Performance Appraisal Form" (DOT Form 3430.7) and forward to your supervisor for higher level management approval.
- e. Following the management approval process and discussion with the employee provide a copy of the appraisal form to the employee.
- f. In order to protect the privacy of the employee, keep this form in a secured place.

2. Progress Review.

- a. The DOT Performance Appraisal System requires a mid-point appraisal period progress review to inform the employee of his/her performance against the elements and standards, to review the accuracy of the elements and standards and to reflect changes in the performance plan. Additional reviews may be necessary. Section B of the form must be used to document completion of the mid-point progress review. Change to the Performance Plan and comments, if any, should be stated in Section D, "Remarks."
- b. Any revision to the plan must be approved by your supervisor.

3. The Conclusion of the Appraisal Period.

- a. To document employee performance, complete Section G, "Actual Achievement" in accordance with your organization's implementing instructions.
- b. Check the appropriate rating for each job element in the block provided in Section G. Transfer the ratings on each element in Section C, "Annual Performance Rating Determination."
- c. Use Section C to compute the scores on each job element and to determine the summary rating by means of the conversion table provided. Approval of the rating of record must be obtained prior to discussing the rating of record with the employee.
- d. Certification by the rating official, approving official and employee should be recorded in Section C. Comments, if any, should be stated in Section D, "Remarks."
- e. Use Section E to identify training to assist the employee in approving job performance.
- f. When completed, transmit the original performance appraisal form to the Personnel Office and provide a copy of the completed form to the employee.

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Last Name—First Name—Middle Initial			i	Social Security No.	A	Appraisal Period		
						То		
Title, Se	eries and Grade			Organizational Unit and Location				
A CERTIFICATION OF INITIAL DISCUSSION AND APPROVAL OF PERFORMANCE PLAN								
S	Signature of Supervisor		Title		Signature of En	nployee		
s	Signature of Approving Official Title					Date of Discussion		
В	SEMI-ANNUAL PROGRESS REVIEW							
Signature of Supervisor Signa			Signature of Emplo	ure of Employee		Date of Discussion		
С		SUMMARY	PERFORMANCE	RATING DETERMINAT	ΓΙΟΝ			
To detern score. N	rmine the summary rating, mu Next, add the adjusted scores	ltiply the rating s and use the Co	core for each job el nversion Table bel	ement by the weight fac ow to determine the su	ctor of that element. mmary rating, and	This becomes the adjusted check the appropriate box.		
	Job Rating Element Score Weig	Adjusted ght Score		CONVERS	SION TABLE			
	"×	=	Perform	ance Appraisal Score	Summa	ary Rating		
	2× 3×		2.7–3.0	(no CJE less than Exceptional)	☐ Outstandi	ng (Level 5)		
	4×		1.7–2.69	(No CJE less than Fully Successful)	☐ Exception	al (Level 4)		
	5×		1.0–1.69	(No CJE less than Fully Successful)	☐ Fully Suc	cessful (Level 3)		
	6×		099	(No CJE less than Partially Successful)	☐ Partially S	Successful		
	Tota	al	Minus Sc	ore	☐ Unaccept	able (Level 1)		
	for rating: End of annual cycle Employee reassigned Employee leaving agency Other (Specify)		(if required) I have revieument and it not necessa	ewed the completed pe has been discussed wi rily mean that I agree w	th me. This does ith all of the infor-			
Signature of Supervisor Date			mation in it or that I forfeit any rights of ments may be entered in "Remarks		Personnel Office Use			
Signature of Approving Official Date		Signature o	f Employee	□ Summary Rating □ Rating of Record □ 5 □ 4 □ 3				

D	REMARKS
This	s section may be used to document discussions at the semi-annual progress review, to note changes in the performance plan, and to record nments concerning the summary rating. Remarks should be initialed and dated.
0011	monto concerning the cumulary rating. Hemanic should be initialled and dated.
E	IDENTIFICATION OF TRAINING NEEDS
	ere required, identify technical and/or management training which could assist the employee in improving job performance.
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